## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/18/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG 01, 03	(X3) DATE SURVEY COMPLETED	
		155487	B. WING _		_	R 11/07/2014
	ROVIDER OR SUPPLIER  OUNTY HEALTH AND L	LIVING COMMUNITY		STREET ADDRESS, CITY, STA 55 E WILLOW ST NASHVILLE, IN 47448	ATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	( (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA EFICIENCY)	
{K 000}	INITIAL COMMENTS	3	{K 0	00}		
	Code Recertification conducted on 09/15/ Indiana State Depart accordance with 42 of Survey Date: 11/07/ Facility Number: 000/ Provider Number: 19 AIM Number: 10029/ Surveyor: Mark Cara Specialist  At this PSR survey, I Living Community was Requirements for Pa CFR Subpart 483.70 the 2000 edition of the Association (NFPA) and 410 IAC 16.2. Ewere surveyed with Care Occupancies.  This one story facility original buildings, Budetermined to be of fully sprinklered. Bu Room and adjoining is of Type V (111) co sprinklered. The face	CFR 483.70(a).  14  0479  55487  00880  aher, Life Safety Code  Brown County Health and as found in compliance with articipation in Medicare, 42  (a), Life Safety from Fire and the National Fire Protection  101, Life Safety Code (LSC)  Building 01 and Building 02  Chapter 19, Existing Health  of consists of two sections: the thilding 01 and 02, were  Type V (111) construction and the ilding 03, the new Therapy support rooms built in 2011,				
	areas open to the co wired smoke detecto E8 through E14 and	rridor. The facility has hard ors in resident sleeping rooms has battery operated smoke all other resident sleeping				
I ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATU	IRF	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		155487	B. WING				⋜ 07/2014
	ROVIDER OR SUPPLIER			55 E WIL		1 11/	0772014
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFI TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	a census of 98 at the All areas where resic were sprinklered. All services were sprink storage buildings wh Quality Review by Do Code Specialist on 1 INITIAL COMMENTS  A Post Survey Revist Code Recertification conducted on 09/15/ Indiana State Depart accordance with 42 ( Survey Date: 11/07/ Facility Number: 000 Provider Number: 18 AIM Number: 10029 Surveyor: Mark Cara Specialist  At this PSR survey, B Living Community wa Requirements for Pa CFR Subpart 483.70 the 2000 edition of the	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  The facility has a capacity of 117 and had sus of 98 at the time of this survey.  as where residents have customary access sprinklered. All areas providing facility es were sprinklered except two detached e buildings which were not sprinklered.  Y Review by Dennis Austill, Life Safety Specialist on 11/14/14.  L COMMENTS  It Survey Revisit (PSR) to the Life Safety Recertification and State Licensure Survey cted on 09/15/14 was conducted by the a State Department of Health in lance with 42 CFR 483.70(a).  Y Date: 11/07/14  Y Number: 000479 er Number: 155487 umber: 100290880  YOR: Mark Caraher, Life Safety Code		DEFICIENCY			
	This one story facility	alth Care Occupancies.  consists of two sections: the ilding 01 and 02, were					

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		155487	B. WING			R	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 55 E WILLOW ST NASHVILLE, IN 47448	DDE	11/07/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX  REGULATORY OR LSC IDENTIFYING INFORMATION)  BY PROVIDER'S PLAN OF CORRECTION PREFIX  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE			
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